95-424

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

**LOCKWOOD** 

Docket No.:

Serial No.: 09/605,855

Filed: June 29, 2000

For: **NOTIFICATION SYSTEMS**  RECEIVED

JAN 0 7 2003

**Technology Center 2600** 

Examiner: KIDD, Marky M

Group Art Unit: 2645

ARRANGEMENT FOR CONVERTING TELEPHONE NUMBER FORMATS FOR

## **AMENDMENT**

**Assistant Commissioner for Patents** Washington, DC 20231

Sir:

In response to the Official Action dated October 8, 2002, please amend the application as

follows:

## IN THE CLAIMS:

13. (AMENDED) The system of claim 12, wherein the output interface is configured for outputting the notification message according to Short Message Peer to Peer (SMPP) protocol.

28. (AMENDED) The system of claim 27, wherein the output interface is configured for outputting the notification message according to Short Message Peer to Peer (SMPP) protocol.

JAN 0 6 2003 P.	\ - -	•						Fo	orm: F	PTO/SB/17 (Modified)	
REPLY/AMENDMENT				Attorney Docket No.			95-424				
				Application Number			09/605,855				
				Filing Date		June 29, 2000		JAN 0 7 2003 Technology Center 260			
FEE TRANSMITTAL			First Named Inventor		Lockwood						
,				Group Art Unit		2645					
AMOUNT ENCLOSED \$ 0			Examiner Name		KIDD, Marky M						
FEE CALCULATION (fees effective 10/01/2001)											
CLAIMS AS				t Number	Number	1720017					
AMENDED		fter Amendment	-	ly Paid For	Extra		Ra	ite		Calculations	
TOTAL CLAIMS		30		30	0	(3)	X \$18	3.00	=	\$0	
INDEPENDENT CLAIM	15	4		_4	0		X \$84	.00	=	\$0	
(1 month (\$110); 2 months (\$400); 3 months (\$920); 4 months (\$1,440); 5 months (\$1,960)):  If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$110)  Total of above Calculations =  Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)  TOTAL FEES DUE =  (1) If entry (1) is less than entry (2), entry (3) is "0". (2) If entry (2) is less than 20, change entry (2) to "20". (4) If entry (4) is less than entry (5), entry (6) is "0".									+ \$0 - \$0		
(5) If entry (5) is less than 3, change entry (5) to "3".  METHOD OF PAYMENT											
[ ] Check encl	osed a	s payment.	IVIEIM	OD OF P	M T IVICIN I			•			
[ ] Charge "TOTAL FEES DUE" to the Deposit Account No., below.											
AUTHORIZATION											
[X] If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees under 37 CFR 1.16 or 1.17 necessary to maintain pendency of the present application to:											
Deposit Account No.: 50-113				30							
OrderNo.: (Client/Matter) 95-424											
SUBMITTED BY: LEON R. TURKEVICH, ESQ.											
Typed Name Lo	Typed Name Leon R. Turkevich					Re	Reg. No. 34,035			<u> </u>	
Signature			Da	Date Januar			y 6, 2003				